

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF ANTHONY LAFAUCI	COURT CASE NUMBER 04 - 12608 - REK
DEFENDANT MICHAEL MALONEY	TYPE OF PROCESS CIVIL ACTION 1983
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DEPARTMENT OF CORRECTIONS (DOC) COMMISSIONERS OFFICE
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 50 MAPLE STREET SUITE 3, MILFORD, MASSACHUSETTS

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: ANTHONY LAFAUCI #284473 OSBORN CORRECTIONAL INSTITUTION P.O. BOX 100 SOMERS, CONNECTICUT 06071	Number of process to be served with this Form - 285 1
	Number of parties to be served in this case 26
	Check for service on U.S.A. YES

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Anthony LaFauci</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 205 JUN - 6 P 2 26	DATE 6-8-05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 14	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk <i>Monica Salovey</i>	Date 6/6/05
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 6/6/05
	Time pm
	Signature of U.S. Marshal or Deputy <i>Monica Salovey</i>

Service Fee 67.50	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 67.50	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

No longer with Department 6/8/05